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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT:			
		Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			William Lichtenstein	
			Name of Person	
			Firm/Company	
			986 Crestview Circle	
			Address	
		<u>W</u>	/eston, Florida 33327	
williz		william	City/State and Zip Code	
		E-mail address: (n.lichtenstein@yahoo.com to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please o	all:	
	Willia	m Lichtenstein	at (954)	540.9057
	Name o	f Person	Area Code & Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COUR! Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSA CAPIT	<u>AL PARTNERS,</u>	LLC	
(Name of the Limited Liability (A Florida I	Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability C Florida document number L10000019688	ompany were filed on _	February 22, 2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Cor	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		veng	
(Principal office address MUST BE A STREET ADDR	(ESS)	\$ 10	
	**************************************	AR S	
		S D C TOMAGE	
Enter new mailing address, if applicable:		E C TO THE	
(Mailing address MAY BE A POST OFFICE BOX)			
		DRAF 2	
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	_		Add Remove
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
D. If a	-	change(s) here: (Attach additional sheets, if necessary.)	
	Consulting, and any other lega		- -
			-
Dated _	May 16th	2010 8 Va	_
		member or authorized representative of a member	
		William Lichtenstein Typed or printed name of signee	
		i ypeu or printeu name of signee	

Page 2 of 2

Filing Fee: \$25.00